Fill	in this inform	nation to identify your	case:			
Deb	otor 1	Pamela Dawn Hy		Lankhara		
	otor 2	First Name	Middle Name	Last Name		
` `	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bar	kruptcy Court for the:	SOUTHERN DISTRICT	TOF MISSISSIPPI		
	se number				☐ Check	c if this is an
Ĺ					_	ded filing
Of	ficial For	rm 106Sum				
			and Liabilities a	nd Certain Statistical Information	1	12/15
info	rmation. Fill o	out all of your schedul	es first; then complete t	e are filing together, both are equally responsible he information on this form. If you are filing ame k the box at the top of this page.		
Par	t 1: Summa	arize Your Assets				
					Your a	ssets of what you own
1.		/B: Property (Official Fe e 55, Total real estate, f			. \$	165,000.00
	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B.		. \$	50,219.22
	1c. Copy line	e 63, Total of all propert	y on Schedule A/B		. \$	215,219.22
Par	t 2: Summa	arize Your Liabilities				
					Your li	abilities
					Amoun	t you owe
2.			laims Secured by Propert mn A, Amount of claim, at	y (Official Form 106D) the bottom of the last page of Part 1 of S <i>chedule D</i> .	\$	262,550.48
3.			Unsecured Claims (Official 1) (priority unsecured clair	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	8,443.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured of	claims) from line 6j of Schedule E/F	\$	233,471.24
				Your total liabilitie	es \$	504,464.72
			_			
Par	t 3: Summa	arize Your Income and	Expenses			
4.		Your Income (Official Foombined monthly incom		e I	. \$	5,991.90
5.	Schedule J: Copy your m	Your Expenses (Official onthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$	5,974.50
Par	t 4: Answe	r These Questions for	Administrative and Stat	tistical Records		
6.	-		er Chapters 7, 11, or 13?			
		u have nothing to report	on this part of the form. C	Check this box and submit this form to the court with	your other scl	nedules.
7.	Yes What kind o	f debt do you have?				
				debts are those "incurred by an individual primarily f	or a personal	, family, or
		ebts are not primarily rt with your other sched		ave nothing to report on this part of the form. Check	this box and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Pamela Dawn Hyatt Case number (if known)

3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,587.84

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	8,443.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	164,876.14
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	173,319.14

Debtor 1	Pamela Dav	vn Hvatt					
	First Name		Name	Last Name			
Debtor 2 Spouse, if filir	ng) First Name	Middle	Name	Last Name			
•	ites Bankruptcy Court fo	r the: SOLITHER	N DISTRICT OF	- MISSISSIPPI			
Jililea Ola	nes bankruptey court to	- 1 tile. <u></u>	TV BIOTRIOT OF	WIICOICOII I I			
Case num	ber						Check if this is ar amended filing
)fficio	Form 1061/F	.					
	Form 106A/E	_					
scne	dule A/B: P	roperty					12/15
	o to Part 2.						
■ Yes. V	Where is the property?						
1.1			-	roperty? Check all that apply			
1.1 9176	Where is the property? 6 Hwy 613 address, if available, or other de	scription	Single-f	roperty? Check all that apply family home or multi-unit building ninium or cooperative	the amount of any	y secured	ms or exemptions. Put claims on Schedule D: s Secured by Property.
9176 Street a	6 Hwy 613 address, if available, or other de		■ Single-f □ Duplex □ Condon □ Manufa	ramily home or multi-unit building	the amount of an Creditors Who Ha	y secured ave Claim	claims on Schedule D: s Secured by Property.
9176 Street a	i Hwy 613	39452-0000 ZIP Code	Single-f Duplex Condon Manufa	family home or multi-unit building ninium or cooperative	the amount of an Creditors Who Ha	y secured ave Claim	claims on Schedule D: is Secured by Property.
9176 Street &	6 Hwy 613 address, if available, or other de	39452-0000	Single-f Duplex Condon Manufa Land Investm Timesha	family home or multi-unit building ninium or cooperative ctured or mobile home	the amount of an Creditors Who He Current value of entire property? \$165,00	y secured ave Claim the	claims on Schedule D: s Secured by Property. Current value of the portion you own?
9176 Street &	6 Hwy 613 address, if available, or other de	39452-0000	Single-f Duplex Condon Manufa Land Investm Timesha	family home or multi-unit building ninium or cooperative ctured or mobile home nent property are	Current value of entire property? \$165,00	y secured ave Claim the 00.00 ture of you	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$165,000.00
9176 Street &	6 Hwy 613 address, if available, or other de	39452-0000	Single-f Duplex Condon Manufa Land Investm Timesha	family home or multi-unit building minium or cooperative ctured or mobile home nent property are hterest in the property? Check one	Current value of entire property? \$165,00 Describe the nat (such as fee sim	y secured ave Claim the 00.00 ture of you	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$165,000.00
9176 Street a	6 Hwy 613 address, if available, or other de edale MS State	39452-0000	Single-f Duplex Condon Manufar Land Investm Other Who has an in Debtor	family home or multi-unit building minium or cooperative ctured or mobile home ment property are hterest in the property? Check one 1 only 2 only	Current value of entire property? \$165,00 Describe the nat (such as fee sim	y secured ave Claim the 00.00 ture of you	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$165,000.00
9176 Street a	6 Hwy 613 address, if available, or other de edale MS State	39452-0000	Single-f Duplex Condon Manufa Land Investm Timesh Other Who has an in Debtor Debtor	family home or multi-unit building ninium or cooperative ctured or mobile home nent property are nterest in the property? Check one 1 only 2 only 1 and Debtor 2 only	Current value of entire property? \$165,00 Describe the nat (such as fee sim a life estate), if k	y secured ave Claim the 10.00 ture of ycuple, tena known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$165,000.00
9176 Street a	6 Hwy 613 address, if available, or other de edale MS State	39452-0000	Single-f Duplex Condon Manufa Land Investm Timesh Other Who has an in Debtor Debtor At least Other informa	family home or multi-unit building minium or cooperative ctured or mobile home ment property are hterest in the property? Check one 1 only 2 only	Current value of entire property? \$165,00 Describe the nat (such as fee sim a life estate), if k	y secured ave Claim the 10.00 ture of ycuple, tena known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$165,000.00 our ownership interest ncy by the entireties, or
9176 Street a	6 Hwy 613 address, if available, or other de edale MS State	39452-0000	Single-f Duplex Condon Manufa Land Investm Timesh Other Who has an in Debtor Debtor At least Other informa	family home or multi-unit building minium or cooperative ctured or mobile home nent property are nterest in the property? Check one 1 only 2 only 1 and Debtor 2 only 1 one of the debtors and another attion you wish to add about this it	Current value of entire property? \$165,00 Describe the nat (such as fee sim a life estate), if k	y secured ave Claim the 10.00 ture of ycuple, tena known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$165,000.00 our ownership interest ncy by the entireties, of

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debtor 1 F	Pamela Dawn Hyatt		Case number (if known)	
3. Cars, vans	, trucks, tractors, sport utility ve	ehicles, motorcycles		
	, , , , , , , , , , , , , , , , , , , ,	•		
□ No				
Yes				
	Land Complete		Do not deduct secured	claims or exemptions. Put
3.1 Make:	Infiniti	Who has an interest in the property? Check one	the amount of any secu	red claims on Schedule D:
Model:	QX80	Debtor 1 only	Creditors Who Have Cl	aims Secured by Property.
Year:	2018 mate mileage: 6000	Debtor 2 only	Current value of the entire property?	Current value of the
	mate mileage: 6000 formation:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	1	At least one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$45,675.00	\$45,675.00
		nd other recreational vehicles, other vehicles, atercraft, fishing vessels, snowmobiles, motorcyc		
		vn for all of your entries from Part 2, including that number here		\$45,675.00
	ibe Your Personal and Household I			
Do you own	or have any legal or equitable ir	sterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
				\$2.050.00
	Household God	ods		\$2,050.00
7. Electronics Examples: No Yes. De	Televisions and radios; audio, vic including cell phones, cameras, r	leo, stereo, and digital equipment; computers, pri nedia players, games	inters, scanners; music collec	tions; electronic devices
	Electronics			\$1,000.00
3. Collectible Examples: No Yes. De	Antiques and figurines; paintings, other collections, memorabilia, co	prints, or other artwork; books, pictures, or other bllectibles	r art objects; stamp, coin, or b	aseball card collections;
	musical instruments	nd other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes and l	kayaks; carpentry tools;
10. Firearms	s: Pistols, rifles, shotguns, ammun	ition, and related equipment		

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Debtor 1	Pamela Dawn Hyatt			Case number (if known)	
☐ Yes.	. Describe				
☐ No		leather coats, desi	gner wear, shoes, accessories		
	Clothing]			\$500.00
□ No	ples: Everyday jewelry, costu . Describe		gement rings, wedding rings, heirlo		, silver \$500.0 0
	Jeweiry	- no individual	item worth more than \$200.0	0	\$500.00
Exam ■ No	arm animals nples: Dogs, cats, birds, horse Describe	s			
■ No	ther personal and househo . Give specific information		not already list, including any he	alth aids you did not list	
			art 3, including any entries for pa	ages you have attached	\$4,050.00
	escribe Your Financial Assets				
Do you o	wn or have any legal or equ	itable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	oples: Money you have in you	r wallet, in your ho	me, in a safe deposit box, and on l	nand when you file your petition	
				Cash	\$20.00
Exam			unts; certificates of deposit; shares with the same institution, list each. Institution name:		ses, and other similar
	17.1.	Checking	Regions -6374		\$203.21
	17.2.	Checking	Regions -7120		\$31.02
	17.3.	Savings	Regions		\$1.00

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Debtor	Pamela Dawn Hyatt	Case number (if known)
	ds, mutual funds, or publicly traded stocks mples: Bond funds, investment accounts with broke	erage firms, money market accounts
■ No		
□ Ye	s Institution or issuer na	me:
joir	t venture	ated and unincorporated businesses, including an interest in an LLC, partnership, and
■ No		
□ Ye	es. Give specific information about them Name of entity:	 % of ownership:
Neg Noi	ernment and corporate bonds and other negotia gotiable instruments include personal checks, cashi n-negotiable instruments are those you cannot trans	ers' checks, promissory notes, and money orders.
■ No		
□ Ye	es. Give specific information about them Issuer name:	
	, , , , , , , , , , , , , , , , , , , ,	B(b), thrift savings accounts, or other pension or profit-sharing plans
■ Ye	es. List each account separately. Type of account:	Institution name:
		401(k) \$238.99
	mples: Agreements with landlords, prepaid rent, pu	nat you may continue service or use from a company ablic utilities (electric, gas, water), telecommunications companies, or others
	S	Institution name or individual:
23. Ann ■ No	uities (A contract for a periodic payment of money	to you, either for life or for a number of years)
□ Ye	s Issuer name and description.	
	S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	lified ABLE program, or under a qualified state tuition program.
		Separately file the records of any interests.11 U.S.C. § 521(c):
■ No		er than anything listed in line 1), and rights or powers exercisable for your benefit
26. Pate	ents, copyrights, trademarks, trade secrets, and	
	mples: Internet domain names, websites, proceeds	from royalties and licensing agreements
■ No	os. Give specific information about them	
		rative association holdings, liquor licenses, professional licenses
	es. Give specific information about them	
Money	or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.

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Debtor 1	Pamela Dawn Hyatt		C	ase number (if known)	
28. Tax r □ No	refunds owed to you				
■ Yes	s. Give specific information ab	oout them, including whether you already	filed the returns and	d the tax years	
		Federal Tax Refund			Unknown
				1	
		State Tax Refund			Unknown
				1	
		EIC			Unknown
<i>Exai</i> ■ No	ly support mples: Past due or lump sum s. Give specific information	alimony, spousal support, child support, ı	maintenance, divord	e settlement, property settl	ement
Exar		rou ty insurance payments, disability benefits you made to someone else	, sick pay, vacation	pay, workers' compensation	on, Social Security
_Exar	ests in insurance policies mples: Health, disability, or life	e insurance; health savings account (HSA	A); credit, homeown	er's, or renter's insurance	
□ No ■ Yes		any of each policy and list its value. pany name:	Beneficiar	y:	Surrender or refund value:
	Ame valu	erican Life Insurance - no cash e			\$0.00
	Ame valu	erican Life Insurance - no cash e			\$0.00
If you some	interest in property that is duare the beneficiary of a livingeone has died. s. Give specific information	ue you from someone who has died g trust, expect proceeds from a life insura	ance policy, or are c	urrently entitled to receive p	property because
Exar ■ No		ether or not you have filed a lawsuit or t disputes, insurance claims, or rights to		or payment	
		ed claims of every nature, including co	ounterclaims of the	e debtor and rights to set	off claims
■ No		-		-	
	financial assets you did not	already list			
■ No □ Yes	s. Give specific information				

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Debto	or 1	Pamela Dawn Hyatt		Case number (if known)	
		the dollar value of all of your entries from Part 4, includin art 4. Write that number here			\$494.22
Part 5	De	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ate in Part 1.	
37. Do	you o	own or have any legal or equitable interest in any business-relate	ed property?		
I	No. Go	to Part 6.			
	Yes. G	Go to line 38.			
Part 6		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. D	o you	ı own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part 7	' :	Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
E	Examp No	I have other property of any kind you did not already list oles: Season tickets, country club membership	?		
	Yes.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8	3:	List the Totals of Each Part of this Form			
55. I	Part 1	l : Total real estate, line 2			\$165,000.00
56. I	Part 2	2: Total vehicles, line 5	\$45,675.00	_	
57. I	Part 3	3: Total personal and household items, line 15	\$4,050.00		
58. I	Part 4	4: Total financial assets, line 36	\$494.22		
59. I	Part 5	5: Total business-related property, line 45	\$0.00		
60. I	Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61. I	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$50,219.22	Copy personal property total	\$50,219.22
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$215,219.22

Debtor 1	Pamela Dawn Hya	att		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Inited States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
Case number				
f known)				☐ Check if this is an
				amended filing
	4000			
Official Ea	vrvv 1/////			
Official Fo	orm 106C			

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	☐ You are claiming federal exemptions. 11	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.						
	9176 Hwy 613 Lucedale, MS 39452 George County	\$165,000.00		\$5,810.62	Miss. Code Ann. § 85-3-21					
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
	2018 Infiniti QX80 6000 miles Line from Schedule A/B: 3.1	\$45,675.00		\$0.00	Miss. Code Ann. § 85-3-1(a)					
	Line Ironi Schedule Arb. 3.1			100% of fair market value, up to any applicable statutory limit						
	Household Goods Line from Schedule A/B: 6.1	\$2,050.00		\$2,050.00	Miss. Code Ann. § 85-3-1(a)					
	Line Ironi Schedule Arb. 0.1			100% of fair market value, up to any applicable statutory limit						
	Electronics Line from Schedule A/B: 7.1	\$1,000.00		\$1,000.00	Miss. Code Ann. § 85-3-1(a)					
	Line Ironi Scriedule Arb. 1.1			100% of fair market value, up to any applicable statutory limit						
	Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	Miss. Code Ann. § 85-3-1(a)					

100% of fair market value, up to any applicable statutory limit

Part 1: Identify the Property You Claim as Exempt

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Debtor 1 Pamela Dawn Hyatt			Case number (if known)					
Brief description of the property and Schedule A/B that lists this property	line on Current value of the portion you own	Amo	Specific laws that allow exemption					
	Copy the value from Schedule A/B	Che						
Jewelry - no individual item v	worth \$500.00		\$500.00	Miss. Code Ann. § 85-3-1(a)				
Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit					
Cash Line from Schedule A/B: 16.1	\$20.00		\$20.00	Miss. Code Ann. § 85-3-1(a)				
Line IIom Schedule Add. 10.1			100% of fair market value, up to any applicable statutory limit					
401(k) Line from Schedule A/B: 21.1	\$238.99		\$238.99	Miss. Code Ann. § 85-3-1(e)				
Line Irom Schedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit					
Federal Tax Refund Line from Schedule A/B: 28.1	Unknown		\$5,000.00	Miss. Code Ann. § 85-3-1(j)				
Line IIom Schedule A/B. 20.1			100% of fair market value, up to any applicable statutory limit					
State Tax Refund Line from Schedule A/B: 28.2	Unknown		\$5,000.00	Miss. Code Ann. § 85-3-1(k)				
Line IIom Schedule A.B. 20.2			100% of fair market value, up to any applicable statutory limit					
EIC Line from Schedule A/B: 28.3	Unknown	-	\$5,000.00	Miss. Code Ann. § 85-3-1(i)				
Line from Concasto 70B. 2010			100% of fair market value, up to any applicable statutory limit					
 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) ■ No □ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 								
□ No □ Yes								

= ::::::::::::::::::::::::::::::::::::						
Fill in this information to iden	itify you	r case:				
Debtor 1 Pamela D	awn Hy	yatt				
First Name		Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First Name		Middle Name	Last Name			
(Opouse II, IIIII)						
United States Bankruptcy Court	t for the:	SOUTHERN DISTRICT OF	F MISSISSIPPI			
Case number						
(if known)					☐ Check	if this is an
					amend	led filing
Official Form 106D						
Schedule D: Cred	itors	Who Have Claim	ns Secure	d by Property	/	12/15
				<u> </u>	,	
Be as complete and accurate as po is needed, copy the Additional Pag						
number (if known).	J .,	,		, ,	p. g ,	
1. Do any creditors have claims se	cured by	your property?				
☐ No. Check this box and	submit th	is form to the court with your o	other schedules.	ou have nothing else to	report on this form.	
Yes. Fill in all of the infor	rmation h	pelow				
		, oio 11.				
Part 1: List All Secured Cla				Column A	Column B	Column C
List all secured claims. If a cred for each claim. If more than one cred				Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in a				Do not deduct the	that supports this	portion
2.1 1st Heritage		Describe the property that secu	ires the claim:	value of collateral. \$236.24	claim \$250.00	If any \$0.00
Creditor's Name		Household Goods	ares the claim.	Ψ230.27	Ψ230.00	Ψ0.00
		Tiouseriola Goods				
3529 Denny Ave		As of the date you file, the clair apply.	m is: Check all that			
Pascagoula, MS 3958	1	Contingent				
Number, Street, City, State & Zip C	Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Check one.		Nature of lien. Check all that ap	pply.			
Debtor 1 only		An agreement you made (suc	h as mortgage or se	cured		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only		Statutory lien (such as tax lier	n, mechanic's lien)			
At least one of the debtors and a		☐ Judgment lien from a lawsuit				
Check if this claim relates to a	1	☐ Other (including a right to offs	et)			
community debt						
Date debt was incurred 2017		Last 4 digits of account	number			
2.2 Infinity Financial Ser		Describe the property that secu	ures the claim:	\$80,000.00	\$45,675.00	\$34,325.00
Creditor's Name		2018 Infiniti QX80 6000 r	niles			
DO D. 740050		As of the date you file, the clair	n is: Check all that			
PO Box 742658 Cincinnati, OH 45274		apply.				
<u>-</u>		Contingent				
Number, Street, City, State & Zip C	Jode	☐ Unliquidated ☐ Disputed				
Who owes the debt? Check one.		Nature of lien. Check all that ap	oply.			
Debtor 1 only		☐ An agreement you made (suc		cured		
Debtor 2 only		car loan)	so mongage of se			
Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lier	n, mechanic's lien)			
At least one of the debtors and a	another	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim relates to a		Other (including a right to offs	et)			
community debt		(g g g				
Date debt was incurred 09/01/	2018	Last 4 digits of account	number			
Pare depr. mas incurred U3/U I/	-010	Eust 7 uigits Ui accoulit	a.iibol			

Official Form 106D

Debtor 1 Pamela Dawn Hyatt	(Case number (if known)		
First Name Middle N	lame Last Name			
2.3 Mariner Finance	Describe the property that secures the claim:	\$3,056.14	\$250.00	\$2,806.14
Creditor's Name	Household Goods	Ψ5,030.14	Ψ230.00	Ψ2,000.14
	Trousenera George			
	As of the date you file, the claim is: Check all that			
512 Pass Rd	apply.			
Gulfport, MS 39507	☐ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_	☐ An agreement you made (such as mortgage or se	ourod		
Debtor 1 only	car loan)	cureu		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Ctatutary lies (such as tay lies, machanists lies)			
At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	— Other (modeling a right to onset)			
Date debt was incurred 2016	Last 4 digits of account number			
2.4 Republic Finance	Describe the property that secures the claim:	\$12,068.72	\$250.00	\$11,818.72
Creditor's Name	Household Goods			
3100 Bienville Blvd	As of the date you file, the claim is: Check all that			
Ste 58	apply.			
Ocean Springs, MS 39564	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or se	cured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2017	Last 4 digits of account number			
2.5 SLS Servicing	Describe the property that secures the claim:	\$159,189.38	\$165,000.00	\$0.00
Creditor's Name	9176 Hwy 613 Lucedale, MS 39452			
	George County			
8742 Lucent Blvd	As of the date you file, the claim is: Check all that			
Ste 300 Littleton, CO 80129	apply.			
Number, Street, City, State & Zip Code	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or se	cured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage			
Date debt was incurred 02/01/1986	Last 4 digits of account number			
2.6 Tower Loan	Describe the property that secures the claim:	\$8,000,00	\$250.00	\$7.750.00

Official Form 106D

Debtor 1 Pamela Dawn Hyatt		Case number (if known)
First Name Middle I	Name Last Name	
Creditor's Name	Household Goods	
2210 Mill St Ext Lucedale, MS 39452	As of the date you file, the claim is: Check all the apply. Contingent	at
Number, Street, City, State & Zip Code	Unliquidated	
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.	
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage of car loan)	or secured
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)
\square At least one of the debtors and another	☐ Judgment lien from a lawsuit	
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)	
Date debt was incurred 2018	Last 4 digits of account number	
Add the dollar value of your entries in	Column A on this page. Write that number here:	\$262,550.48
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$262,550.48

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this inform	nation to identify your	case.				
Debtor 1						
Debtor 1	Pamela Dawn Hys First Name	Middle Name	Last Name			
Debtor 2	First Name	Middle Norse	Last Name			
(Spouse if, filing)		Middle Name	Last Name			
United States Ba	inkruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI			
Case number _						
(if known)					_	k if this is an
] amer	nded filing
Official Forn	n 106E/F					
Schedule E	/F: Creditors W	ho Have Unsecu	red Claims			12/15
Schedule G: Execu Schedule D: Credit left. Attach the Cor name and case nui	ntory Contracts and Unexp cors Who Have Claims Sec ntinuation Page to this page	that could result in a claim. ired Leases (Official Form 10 ured by Property. If more space. If you have no information asecured Claims	96G). Do not include any ace is needed, copy the	y creditors with partially s Part you need, fill it out,	secured claims that number the entries	t are listed in s in the boxes on th
	ors have priority unsecure					
☐ No. Go to F	Part 2.					
Yes.						
identify what ty possible, list th	pe of claim it is. If a claim hat e claims in alphabetical orde	s. If a creditor has more than o as both priority and nonpriority a er according to the creditor's na articular claim, list the other cre	amounts, list that claim he ame. If you have more tha	ere and show both priority a	and nonpriority amou	unts. As much as
(For an explana	ation of each type of claim,	see the instructions for this forn	n in the instruction bookle		B 1 . 1	N
				Total claim	Priority amount	Nonpriority amount
	ot of Revenue	Last 4 digits of	account number	\$8,443.00	\$8,443.0	0 \$0.0
•	editor's Name ptcy Section	When was the c	lebt incurred?			
PO Box					_	
	n, MS 39225-2808 Street City State Zip Code	As of the date y	ou file, the claim is: Che	eck all that apply		
	d the debt? Check one.	☐ Contingent	,			
■ Debtor 1 o	only	☐ Unliquidated				
Debtor 2 o	only	☐ Disputed				
Debtor 1 a	and Debtor 2 only	•	TY unsecured claim:			
	ne of the debtors and anothe	er Domestic sup	port obligations			
_	this claim is for a commu	_	ertain other debts you owe	e the government		
Is the claim	subject to offset?	☐ Claims for de	ath or personal injury whi	le you were intoxicated		
■ No		☐ Other. Specif	у			
☐ Yes			Mississippi Dep	partment of Revenue	9	
Part 2: List A	II of Your NONPRIORIT	Y Unsecured Claims				
3. Do any credito	ors have nonpriority unse	cured claims against you?				
☐ No. You ha	ve nothing to report in this p	art. Submit this form to the cou	rt with your other schedul	les.		
Yes.						
List all of you unsecured clair	m, list the creditor separatel	aims in the alphabetical orde y for each claim. For each clain ist the other creditors in Part 3.	n listed, identify what type	of claim it is. Do not list cla	aims already include	ed in Part 1. If more
					To	otal claim

Debto	Pamela Dawn Hyatt	Case number (if known)	
4.1	Acceptance Loan Co	Last 4 digits of account number	\$5,000.00
	Nonpriority Creditor's Name 168 Cowart St	When was the debt incurred?	
	Lucedale, MS 39452		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify	
4.2	AEO Inc Card	Last 4 digits of account number	\$2,645.65
4.2	Nonpriority Creditor's Name		\$2,043.03
	PO Box 960013	When was the debt incurred?	
	Orlando, FL 32896 Number Street City State Zip Code	As of the date year file the plains in Chapter III that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	Al Coastal Radiology	Last 4 digits of account number	\$62.50
	Nonpriority Creditor's Name	William was the date in source 10	
	PO Box 9369 Mobile, AL 36691	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

Debtor	1 Pamela Dawn Hyatt	Case number (if known)	
4.4	Alabama Medical Group	Last 4 digits of account number	\$2,004.00
	Nonpriority Creditor's Name PO Box 160928	When was the debt incurred?	
	Mobile, AL 36616		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.5	Alabama Orthapedic Cli	Last 4 digits of account number	\$615.00
	Nonpriority Creditor's Name 3610 Springhill Memori	When was the debt incurred?	
	Mobile, AL 36608 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply	
	Debtor 1 only	Поли	
	_ ′	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.6	Amazon	Last 4 digits of account number	\$1,598.67
	Nonpriority Creditor's Name P.O. Box 981400	When was the debt incurred?	
	El Paso, TX 79998-1400		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

Debtor	Pamela Dawn Hyatt	Case number (if known)	
4.7	American Eagle	Last 4 digits of account number	\$2,745.51
	Nonpriority Creditor's Name PO Box 981400	When was the debt incurred?	
	El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.8	Amplify Funding Nonpriority Creditor's Name	Last 4 digits of account number	\$1,000.00
	P.O. Box 542 Lac Du Flambe, WI 54538	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.9	ASAP Ambulance Nonpriority Creditor's Name	Last 4 digits of account number	\$536.90
	P.O. Box 2727	When was the debt incurred?	
	Laurel, MS 39440-2727 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify	

Debtor	Pamela Dawn Hyatt	Case number (if known)	
4.1			
0	Azalea City Physicians	Last 4 digits of account number	\$45.00
	Nonpriority Creditor's Name 3715 Daphin St	When was the debt incurred?	
	Ste ZA		
	Mobile, AL 36608 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the stain is. Onesk an that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.1	Barclay	Last 4 digits of account number	Unknown
·	Nonpriority Creditor's Name		
	P.O. Box 8803	When was the debt incurred?	
	Wilmington, DE 19899 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oneck an that apply	
	■ Debtor 1 only	Continues.	
	_	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1			
2	Belk Nagariarity Craditaria Nama	Last 4 digits of account number	\$1,598.03
	Nonpriority Creditor's Name PO Box 530940 Atlanta, GA 30353	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

Debtor	Pamela Dawn Hyatt Case number (if known)			
4.1				
4.1	Best Buy	Last 4 digits of account number	\$1,175.25	
	Nonpriority Creditor's Name			
	P.O. Box 9001007	When was the debt incurred?		
	Louisville, KY 40290-1007 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	•	•		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.1				
4	Better Cash	Last 4 digits of account number	Unknown	
	Nonpriority Creditor's Name	When was the debt incurred?		
	P.O. Box 1547 Sandy, UT 84091	when was the dept incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	.,,		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only			
		☐ Disputed Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other. Specify		
	Li Tes	Other. Specify		
4.1	Dualda		\$00.04	
5	Buckle Nonpriority Creditor's Name	Last 4 digits of account number	\$92.61	
	P.O. Box 659704	When was the debt incurred?		
	San Antonio, TX 78265			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
		· · · · · · · · · · · · · · · · · · ·		

Debtor	1 Pamela Dawn Hyatt	Case number (if known)	
4.4			
4.1 6	Cash Advance	Last 4 digits of account number	\$620.87
	Nonpriority Creditor's Name	When was the debt incurred?	
	3275 US 49 Collins, MS 39428	when was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1			
7	Cash Net USA	Last 4 digits of account number	\$1,500.00
	Nonpriority Creditor's Name 200 West Jackson Blvd	When was the debt incurred?	
	14th Floor	when was the debt incurred?	
	Chicago, IL 60606	_	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	_		
	☐ Yes	Other. Specify	
4.1	Chevron	Last 4 digits of account number	\$852.63
8	Nonpriority Creditor's Name		
	PO Box 530950	When was the debt incurred?	
	Atlanta, GA 30353	As of the date year file the plains in Charles II that are he	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	Пол	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	_ *************************************	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify	
		— Other, Specify	

Debto	Pamela Dawn Hyatt	Case number (if known)	
4.1			
9	Community Medical Cent	Last 4 digits of account number	\$28.00
	Nonpriority Creditor's Name P.O. Box 1007 Lucedale, MS 39452-1007	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Credit Plan of Gulfpor	Last 4 digits of account number	\$2,363.88
0	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ2,000.00
	105 Hardy Ct Shopping Gulfport, MS 39507	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	
4.2	Discover	Last 4 digits of account number	\$790.86
	Nonpriority Creditor's Name		
	P.O. Box 790213	When was the debt incurred?	
	Saint Louis, MO 63179 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	no of the date year me, the stain is. One of an tract appropri	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

Pamela Dawn Hyatt	Case number (if known)	
Dr David A Schultz, MD	Look A divite of consumt number	\$35.0
Nonpriority Creditor's Name	Last 4 digits of account number	ψ55.0
789 Winter St Lucedale, MS 39452	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	
First Premier Bank	Last 4 digits of account number	\$426.0
Nonpriority Creditor's Name	Last 4 digits of account number	V.20.0
PO Box 5519	When was the debt incurred?	
Sioux Falls, SD 57117 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Oneck all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
First Savings Credit	Last 4 digits of account number	\$209.0
Nonpriority Creditor's Name		
P.O. Box 2509 Omaha, NE 68103-2509	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	

\$1,888.7
•••••••••
\$200.0
Unknow

Debto	1 Pamela Dawn Hyatt	Case number (if known)		
4.2				
8	Holloway Credit Soluti	Last 4 digits of account number	\$150.00	
	Nonpriority Creditor's Name P.O. Box 230609	When was the debt incurred?		
	Montgomery, AL 36123 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oneok an that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only			
	·	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.2				
9	Home Depot	Last 4 digits of account number	\$107.17	
	Nonpriority Creditor's Name P.O. Box 790328 Scient Levis MO 63470	When was the debt incurred?		
	Saint Louis, MO 63179 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.3	Indigo Card		\$528.91	
0	Nonpriority Creditor's Name	Last 4 digits of account number	φ320.91	
	P.O. Box 4477	When was the debt incurred?		
	Beaverton, OR 97076			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	_		
	□ res	Other. Specify		

Debto	1 Pamela Dawn Hyatt	Case number (if known)		
4.3	JCPenny	Last 4 digits of account number	\$489.63	
1	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ+03.03	
	PO Box 960090 Orlando, FL 32896	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.3	Wing of Work		University	
2	King of Kash Nonpriority Creditor's Name	Last 4 digits of account number	Unknown	
	8304 Wornall Rd	When was the debt incurred?		
	Kansas City, MO 64114 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify		
4.3	Kohl's	Last 4 digits of account number	\$629.67	
	Nonpriority Creditor's Name			
	PO Box 2983	When was the debt incurred?		
	Milwaukee, WI 53201 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	• , , , , , , , , , , , , , , , , , , ,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	_		
	□ 100	Other. Specify		

Debtor	1 Pamela Dawn Hyatt	Case number (if known)		
12				
4.3	Loan Smith	Last 4 digits of account number	\$1,500.00	
	Nonpriority Creditor's Name 621 Medicine Way Ukiah, CA 95482	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes			
	l res	Other. Specify		
4.3				
5	Lowe's	Last 4 digits of account number	\$4,673.38	
	Nonpriority Creditor's Name P.O. Box 965004	When was the debt incurred?		
	Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.3 6	Mattress Firm	Last 4 digits of account number	\$776.56	
	Nonpriority Creditor's Name	When we the debt incorred?		
	P.O. Box 14517 Des Moines, IA 50306	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		

Debtor	Pamela Dawn Hyatt	Case number (if known)		
4.2				
4.3 7	Maxlend	Last 4 digits of account number	\$1,409.14	
	Nonpriority Creditor's Name			
	P.O. Box 639 Parshall, ND 58770	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.3	M 17 1 6		4400.00	
8	Mobile Infirmary Nonpriority Creditor's Name	Last 4 digits of account number	\$133.20	
	P.O. Box 330	When was the debt incurred?		
	Mobile, AL 36601 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	As of the date you me, the dam'rs. Oneok an that appro		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	□ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.3				
9	Money Key	Last 4 digits of account number	Unknown	
	Nonpriority Creditor's Name 3422 Old Capitol Trail	When was the debt incurred?		
	Ste 1613			
	Wilmington, DE 19808 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		

Debtor	1 Pamela Dawn Hyatt	Case number (if known)	
4.4			*
0	Navient	Last 4 digits of account number	\$101,115.14
	Nonpriority Creditor's Name P.O. Box 740351 Atlanta, GA 30374-0351	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other. Specify	
		Student loan	
4.4	Navient	Last 4 digits of account number	\$44,988.00
<u>·</u>	Nonpriority Creditor's Name		
	P.O. Box 740351	When was the debt incurred?	
	Atlanta, GA 30374-0351 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
		□ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	■ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	☐ Other. Specify	
	— 103	Student loan	
		Ottaon Touri	
4.4	Navient	Last 4 digits of account number	\$18,773.00
	Nonpriority Creditor's Name		
	P.O. Box 740351	When was the debt incurred?	
	Atlanta, GA 30374-0351 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	To of the date you me, the stand to officer an that appry	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	<u> </u>	□ Disputed	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		■ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify	

Student Loan

Debto	1 Pamela Dawn Hyatt	Case number (if known)		
4.4				
3	Nexus Financial	Last 4 digits of account number	\$2,363.88	
	Nonpriority Creditor's Name 1814 Pass Rd Gulfport, MS 39501	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify		
4.4				
4.4	Old Navy	Last 4 digits of account number	\$772.37	
	Nonpriority Creditor's Name PO Box 965004	When was the debt incurred?		
	Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify		
4.4 5	One Main Financial	Last 4 digits of account number	\$326.16	
	Nonpriority Creditor's Name 2520 Denny Ave	When was the debt incurred?		
	Pascagoula, MS 39567			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	□ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	_		
	□ res	Other. Specify		

Debto	^{r 1} Pamela Dawn Hyatt	Case number (if known)		
4.4	Oral & Maxillofacial S	Last 4 digits of account number	\$1,915.00	
	Nonpriority Creditor's Name 6284 US Hwy 98 Hattiesburg, MS 39402	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.4 7	Overstock	Last 4 digits of account number	\$405.64	
	Nonpriority Creditor's Name P.O. Box 8659707 San Antonio, TX 78265	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	□ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes			
		Other. Specify		
4.4 8	Regional Financial Nonpriority Creditor's Name	Last 4 digits of account number	\$8,000.00	
	1123 N McKenzie St Foley, AL 36535	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	□Yes	Other. Specify		
		-1 v		

Debtor	1 Pamela Dawn Hyatt	Case number (if known)	
4.4 9	Republic Bank & Trust	Last 4 digits of account number	\$3,887.61
	Nonpriority Creditor's Name		
	P.O. Box 1099 Langhorne, PA 19047	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.5			
0	Rushmore Financial	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name P.O. Box 283	When was the debt incurred?	
	Flandreau, SD 57028		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.5	Sam's Club	Last 4 digits of account number	\$1,443.94
1	Nonpriority Creditor's Name		
	PO Box 530942	When was the debt incurred?	
	Atlanta, GA 30353-0942 Number Street City State Zip Code	As of the date you file the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	Поль	
		☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify	
		— Onior. Opeony	

Pamela Dawn Hyatt	Case number (if known)		
Score Rewards	Last 4 digits of account number	\$468.77	
Nonpriority Creditor's Name PO Box 965004	When was the debt incurred?	4.00	
Orlando, FL 32896-4000			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
_			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another	Student loans		
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
s the claim subject to offset?	report as priority claims		
No	☐ Debts to pension or profit-sharing plans, and other similar debts		
Yes	Other. Specify		
Specialized Loan Servi	Last 4 digits of account number	\$1,998.1	
Nonpriority Creditor's Name			
PO Box 636005	When was the debt incurred?		
Littleton, CO 80163-6005 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	• , , , , , , , , , , , , , , , , , , ,		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
s the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing plans, and other similar debts		
☐ Yes	Other. Specify		
Speedy Cash	Last 4 digits of account number	Unknow	
Nonpriority Creditor's Name 3611 N. Ridge Rd. Wichita, KS 67205	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
No	☐ Debts to pension or profit-sharing plans, and other similar debts		
☐ Yes	Other. Specify		

Debt	or 1 Pamela Dawn Hyatt	Case number (if known)		
4.5				
5	Springhill Diagnostic	Last 4 digits of account number	\$130.00	
	Nonpriority Creditor's Name 32 Tacon St. Ste A	When was the debt incurred?		
	Mobile, AL 36607			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.5 1				
4.5 6	Synchrony Bank	Last 4 digits of account number	\$489.63	
	Nonpriority Creditor's Name			
	PO Box 105972 Atlanta, GA 30348	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.5				
7	Synchrony Bank	Last 4 digits of account number	\$3,628.21	
	Nonpriority Creditor's Name PO Box 105972 Atlanta, GA 30348	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	■ No □ Yes	<u> </u>		
	LIYES	Other Specific		

Debtor	Pamela Dawn Hyatt	Case number (if known)	
4.5	Urology & Ancology Spe	Last 4 digits of account number	\$50.00
0	Nonpriority Creditor's Name 3719 Daphin St Ste 100	When was the debt incurred?	<u> </u>
	Mobile, AL 36608-7000		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.5 9	Walmart	Last 4 digits of account number	\$3,905.50
	Nonpriority Creditor's Name PO Box 530927 Atlanta, GA 30353-0927	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.6 0	Wells Fargo	Last 4 digits of account number	\$378.45
	Nonpriority Creditor's Name PO Box 14517 Des Moines, IA 50306	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1	Pamela	Dawn Hyatt	
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Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	8,443.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	8,443.00
					Total Claim
	6f.	Student loans	6f.	\$	164,876.14
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	68,595.10
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	233,471.24

Fill in this infor	rmation to identify your	case:			
Debtor 1	Pamela Dawn Hy				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF MISSISSIPPI			
Case number (if known)					☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

- 2.1 Okinus 147 W. Railroad St. S Pelham, GA 31779
- 2.2 Progressive Leasing 256 W Data Dr Draper, UT 84020

Fill in thi	is information to identify your	case:			
Debtor 1	Pamela Dawn Hy	att			
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, f		Middle Name	Last Name		
United St	tates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case nur (if known)	mber				☐ Check if this is an amended filing
Sche	al Form 106H dule H: Your Cod		uts vou may have Re as	complete and accur	12/15 ate as possible. If two married
eople ar	e filing together, both are equ	ally responsible for supp boxes on the left. Attach	olying correct information the Additional Page to	n. If more space is r	needed, copy the Additional Page, p of any Additional Pages, write
1. Do	o you have any codebtors? (If	you are filing a joint case,	do not list either spouse a	s a codebtor.	
□ No ■ Ye					
	ithin the last 8 years, have you ona, California, Idaho, Louisiana,				
_	o. Go to line 3. es. Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in lir Forn	ne 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make su	ire you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1	Curtis Hyatt 9176 Hwy 613 Lucedale, MS 39452			■ Schedule D, I □ Schedule E/F □ Schedule G _ SLS Servicing	, line
3.2	Curtis Hyatt 9176 Hwy 613 Lucedale, MS 39452			■ Schedule D, I □ Schedule E/F □ Schedule G _ Infinity Financia	, line

Schedule H: Your Codebtors

Debtor 1	tion to identify your case: Pamela Dawn Hyatt		
Debtor 2 (Spouse, if filing)			
United States Bar	nkruptcy Court for the: SOUTHERN DISTRICT	OF MISSISSIPPI	
Case number (If known)			Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106l		MM / DD/ YYYY
Schedule	I: Your Income		12/1:
supplying correctspouse. If you are attach a separate	t information. If you are married and not filing e separated and your spouse is not filing with	jointly, and your spouse is liv you, do not include informati	and Debtor 2), both are equally responsible for ring with you, include information about your on about your spouse. If more space is needed, d case number (if known). Answer every question
1. Fill in your	employment	Ochtor 1	Debtor 2 or non-filing spouse

information. ■ Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Loan Originator** Include part-time, seasonal, or **Employer's name American Mortgage** self-employed work. **Employer's address** Occupation may include student 11503 Springfield Pike or homemaker, if it applies. Cincinnati, OH 45246 How long employed there? 7 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 3,129.51 \$ 3,596.67
3. +\$ 0.00 +\$ 0.00
4. \$ 3,129.51 \$ 3,596.67

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Pamela Dawn Hyatt	-	Ca	se number (if kno	own)			
				F	or Debtor 1		For I	Debtor 2 or	
					0. 202.0			filing spouse	
	Cop	y line 4 here	4.	\$	3,129	.51	\$	3,596.67	
5.	l iet	all payroll deductions:							
Ο.		• •		•	050		Φ.	500 54	
	5a.	Tax, Medicare, and Social Security deductions	5a				\$	539.50	_
	5b.	Mandatory contributions for retirement plans	5b			.00	\$	0.00	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c.			.30	\$	0.00	
	5a. 5e.	Insurance	5d			.00	\$	0.00	
	5e. 5f.	Domestic support obligations	5e 5f.			.26	\$ 	0.00	
	5j. 5g.	Union dues	5g			.00	\$ 	0.00	
	5g. 5h.	Other deductions. Specify: Life	5h				+ \$	0.00	
	011.	Wellness	_ '''	\$.00	` \$ —	0.00	
^	A .I.I						· : —		_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	997.		\$	539.50	_
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,131	.73	\$	3,057.17	7_
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a			.00	\$	0.00	
	8b.	Interest and dividends	8b	. \$	0.	.00	\$	0.00	<u>)</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent							
		regularly receive Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c	. \$	0.	.00	\$	0.00)
	8d.	Unemployment compensation	8d	. \$.00	\$	0.00	
	8e.	Social Security	8e	. \$			\$	0.00	
	8f.	Other government assistance that you regularly receive			_		-		<u> </u>
		Include cash assistance and the value (if known) of any non-cash assistance							
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0	.00	\$	0.00	1
	8g.	Pension or retirement income	– 8g			.00	\$—	0.00	
	8h.	Other monthly income. Specify:	8h			00		0.00	
	· · · ·						_	0.00	<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	803	.00	\$	0.0	00
			_						
10.	Calc	sulate monthly income. Add line 7 + line 9.	10.	\$	2,934.73	+ \$	3,0	57.17 = \$	5,991.90
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							·
11.	State	e all other regular contributions to the expenses that you list in Schedule	J.						
	Inclu	de contributions from an unmarried partner, members of your household, your		enden	its, your roomr	nates	, and		
		r friends or relatives.							
	_	not include any amounts already included in lines 2-10 or amounts that are not s	availa	able t	o pay expense	s liste	ed in So	cneaule J. 11. + \$	0.00
	Spec	JII y					_	Π. +Φ_	0.00
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ult is	the c	combined mont	thly in	come.		
	Write	e that amount on the Summary of Schedules and Statistical Summary of Certain						10 6	5,991.90
	appli	es						12. \$	3,331.30
								Comb	
40	D -	and the first of the second of	_					month	ly income
١3.	סט y	rou expect an increase or decrease within the year after you file this form	ſ						
	_	No. Yes. Explain:							
	ш	i co. Expiaiii.							

Fill	in this information to identify y	your case:				
	otor 1 Pamela Day			Check	if this is:	
	raillela Dav	wii iiyatt			an amended filing	
	otor 2					ving postpetition chapter
(Spo	ouse, if filing)			1	3 expenses as of	tne following date:
Unit	ted States Bankruptcy Court for th	e: SOUTHERN DISTRICT OF MISS	SISSIPPI	N	MM / DD / YYYY	
!	se number					
Of	fficial Form 106J		•			
S	chedule J: Your	Expenses				12/15
Be info	as complete and accurate a	s possible. If two married people a eeded, attach another sheet to this				
	t 1: Describe Your Hous	sehold				
1.	Is this a joint case? ■ No. Go to line 2. □ Yes. Does Debtor 2 live	in a separate household?				
	☐ No ☐ Yes. Debtor 2 mu	ust file Official Form 106J-2, <i>Expense</i>	s for Separate House	hold of Debto	or 2.	
2.	Do you have dependents?	P □ No				
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.		Grandson		16	■ Yes
						□ No
						☐ Yes
						□ No
						☐ Yes
						☐ No
						☐ Yes
3.	Do your expenses include expenses of people other yourself and your depend	than \square				
		ping Monthly Expenses				
exp		your bankruptcy filing date unless bankruptcy is filed. If this is a sup				
the		non-cash government assistance nd have included it on <i>Schedule I:</i>			Your expe	enses
,Un	noiai i Oilli 1001.j					
4.	The rental or home owner payments and any rent for the	ship expenses for your residence. he ground or lot.	Include first mortgage	4. \$		1,998.19
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		83.33
	• •	r's, or renter's insurance		4b. \$		0.00
		repair, and upkeep expenses		4c. \$		75.00
_		ation or condominium dues		4d. \$		0.00
5.	Additional mortgage payn	nents for vour residence. such as he	ome equity loans	5. \$		0.00

Debtor 1 _	Pamela Dawn Hyatt	Case num	ber (if known)	
. Utilitie	es:			
	Electricity, heat, natural gas	6a.	\$	250.00
	Water, sewer, garbage collection	6b.	\$	25.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	300.00
	Other. Specify:	6d.	·	
			·	0.00
	and housekeeping supplies	7.	·	805.00
	care and children's education costs	8.	\$	50.00
. Clothi	ng, laundry, and dry cleaning	9.	\$	185.00
0. Perso	nal care products and services	10.	\$	71.00
 Medic 	al and dental expenses	11.	\$	100.00
2. Trans	portation. Include gas, maintenance, bus or train fare.		_	252.22
	include car payments.	12.	\$	250.00
Entert	ainment, clubs, recreation, newspapers, magazines, and books	13.	\$	75.00
4. Charit	able contributions and religious donations	14.	\$	0.00
5. Insura			-	
	include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	·	400.00
	Other insurance. Specify:	15d.	·	0.00
	• •	1Ju.	Ψ	0.00
Specify	Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	ment or lease payments:		*	0.00
	Car payments for Vehicle 1	17a.	\$	1,306.98
	Car payments for Vehicle 2	17b.	*	0.00
	1 7	17b.	·	
	Other. Specify:		·	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as sted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	payments you make to support others who do not live with you.		\$	0.00
Specif		19.	Ψ	0.00
	real property expenses not included in lines 4 or 5 of this form or on Sch		our Income	
	Mortgages on other property	20a.		0.00
			·	
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
1. Other:	: Specify:	21.	+\$	0.00
2 Calani	late your menthly expenses			
	late your monthly expenses		•	E 074 50
	dd lines 4 through 21.		\$	5,974.50
22b. C	copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. A	dd line 22a and 22b. The result is your monthly expenses.		\$	5,974.50
3 Caloud	late your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	¢	5 004 00
				5,991.90
∠3D.	Copy your monthly expenses from line 22c above.	23b.	-φ	5,974.50
230	Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	17.40
For exa	u expect an increase or decrease in your expenses within the year after y ample, do you expect to finish paying for your car loan within the year or do you expect you ation to the terms of your mortgage?			or decrease because of a
■ No.				
☐ Yes	Explain here:			

rmation to identify your	case:		
Pamela Dawn Hya	att		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
			☐ Check if this is an amended filing
m 106Dec			
	n Individual	Debtor's Schedu	iles 12/15
Í8 U.S.C. §§ 152, 1341, 1 gn Below	519, and 3571.		
ay or agree to pay some	one who is NOT an attor	ney to help you fill out bankruptc	y forms?
Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed with this	s declaration and
mela Dawn Hyatt		X	
la Dawn Hyatt ure of Debtor 1		Signature of Debtor 2	
		3	
	Pamela Dawn Hysterist Name First Name ankruptcy Court for the: m 106Dec tion About a eople are filing together is form whenever you file yor property by fraud in 8 U.S.C. §§ 152, 1341, 1 In Below Below By or agree to pay some Name of person alty of perjury, I declare the true and correct. mela Dawn Hyatt a Dawn Hyatt a Dawn Hyatt	m 106Dec tion About an Individual eople are filing together, both are equally responsis form whenever you file bankruptcy schedules yor property by fraud in connection with a bank 8 U.S.C. §§ 152, 1341, 1519, and 3571. In Below	Pamela Dawn Hyatt First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI m 106Dec tion About an Individual Debtor's Schedule eople are filling together, both are equally responsible for supplying correct information with a bankruptcy case can result in fines up yor property by fraud in connection with a bankruptcy case can result in fines up 8 U.S.C. §§ 152, 1341, 1519, and 3571. In Below Name of person Alty of perjury, I declare that I have read the summary and schedules filed with this te true and correct. The property is filed with this te true and correct. The property is filed with this te true and correct. The property is filed with this te true and correct. The property is filed with this te true and correct. The property is filed with this te true and correct.

Fill in 1	this inform	ation to identify your	case.				
Debtor		Pamela Dawn Hy					
20010.		First Name	Middle Name	l	_ast Name		
Debtor (Spouse		First Name	Middle Name	I	_ast Name		
United	States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	OF MISS	ISSIPPI		
Officed	States Dan	kruptcy Court for the.	300THERN DISTRICT	OI WIIOO	1001111		
Case n	number					_	heck if this is an mended filing
	cial For ement		Affairs for Indivi	duals	Filing for B	ankruptcy	4/16
informa	ation. If mo	ore space is needed,). Answer every ques	attach a separate sheet to	this for	m. On the top of an	equally responsible for sup y additional pages, write you	
		current marital statu		a Livea i	Serore		
	Married Not marr	ied					
2. Du	ıring the la	st 3 years, have you	lived anywhere other than	where y	ou live now?		
■	No Yes. List	all of the places you li	ved in the last 3 years. Do r	not includ	e where you live now	<i>ı</i> .	
D	ebtor 1 Pri	or Address:	Dates Debtor 1 lived there	I	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
						ity property state or territory ico, Texas, Washington and W	
■	No Yes. Mal	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (C	Official Fo	rm 106H).		
Part 2	Explair	the Sources of You	r Income				
Fil	I in the total	amount of income you	nployment or from operati u received from all jobs and have income that you receiv	all busine	esses, including part		ndar years?
■	No Yes. Fill	in the details.					
			Debtor 1			Debtor 2	
			Sources of income Check all that apply.	(befo	re deductions and sions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips		\$6,177.35	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business			☐ Operating a business	

Official Form 107

De	btor 1	Pa	mela D	Dawn I	Hyatt					Case	number (if known)		
						Debtor 1					Debtor 2		
						Sources of in Check all that		(before	s income re deductions a sions)	and	Sources of inco		Gross income (before deductions and exclusions)
	r last c anuary				2018)	■ Wages, co			\$34,844	1.98	☐ Wages, combonuses, tips	missions,	
						☐ Operating	a business				☐ Operating a l	ousiness	
	r the ca				e that: 2017)	■ Wages, co			\$64,893	3.40	☐ Wages, combonuses, tips	missions,	
						☐ Operating	a business				☐ Operating a l	ousiness	
	and or winning	ther pags. I ach s	oublic b f you ar	enefit pre filing	oayments; pa joint cas gross inco	pensions; renta e and you have	al income; intere e income that y	est; divid ou recei	dends; money ived together,	collecte list it or		royalties; and btor 1.	ecurity, unemployment, d gambling and lottery
						Debtor 1					Debtor 2		
						Sources of in Describe belo		each (befor	s income from source re deductions a sions)		Sources of inco Describe below.		Gross income (before deductions and exclusions)
	om Jan e date y				ear until uptcy:	Social Secu Benefits	ırity		\$2,409	9.00			
	r last c anuary				2018)	Social Secu Benefits	ırity		\$9,636	6.00			
	r the ca					Social Secu Benefits	ırity		\$9,636	6.00			
Da	rt 2:	Lict	Cortair	a Dave	onte Vou	Made Refere	You Filed for I	Bankrun	ntev				
6.	_		Debto: Neithe	r 1's or er Debt	Debtor 2'	s debts prima ebtor 2 has pi	You Filed for E rily consumer rimarily consu ly, or household	debts?	bts. Consume	r debts	are defined in 11	U.S.C. § 101	I(8) as "incurred by an
					days befo	re you filed for	bankruptcy, did	d you pa	y any creditor	a total	of \$6,425* or mor	e?	
					So to line 7.								
			□ Y6	p n	aid that cre ot include	editor. Do not in payments to ar	nclude paymen attorney for th	its for do nis bankr	mestic suppor ruptcy case.	t obliga	ations, such as ch	ild support a	ne total amount you nd alimony. Also, do
	_		-							ed on c	or after the date of	adjustment.	
		Yes.					imarily consul bankruptcy, did			a total	of \$600 or more?		
				o. G	Go to line 7.								
			■ Ye	ir	nclude payı		estic support ob				the total amount yort and alimony. A		creditor. Do not nclude payments to an
	Cred	litor's	s Name	and A	ddress	Da	ates of payme	nt	Total amou	int	Amount you	Was this p	ayment for

De	btor 1 Pamela Dawn Hyatt		Cas	se number (if known)		
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	ment for
	Only regular installment payments.		\$0.00	\$0.00	☐ Mortgage ☐ Car ☐ Credit Care ☐ Loan Repa ☐ Suppliers of ☐ Other	yment
7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen a control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a general ny managing ag	partner; corporations ent, including one for
	No☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No		ments or transfer a	any property on a	ccount of a deb	ot that benefited an
	Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for the	nis navment
	model o Name and Address	bates of payment	paid	still owe	Include credite	
Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	□ No ■ Yes. Fill in the details.					
	Case title	Nature of the case	Court or agency		Status of the	case
	Case number Pioneer Credit v. Hyatt	Collections			■ Pending □ On appea □ Concluded	
	Credit Plan v. Hyatt	Collections			■ Pending □ On appea □ Concluded	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		erty repossessed, f	oreclosed, garnis	shed, attached,	seized, or levied?
	□ No. Go to line 11.					
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happene	d			p. opolty

Debt	tor 1 Pamela Dawn Hyatt		Case number (if known)	
	Creditor Name and Address	Describe the Property	Date	Value of the
		Explain what happened		property
	Credit Plan of Gulfpor	Wages	2/2019	\$604.18
	105 Hardy Ct Shopping Gulfport, MS 39507	☐ Property was repossessed.		
		Property was foreclosed.		
		Property was garnished.		
-		☐ Property was attached, seized or levie	ed.	
		nkruptcy, did any creditor, including a bank o	or financial institution, set off any	amounts from your
•	accounts or refuse to make a paymen No	t because you owed a debt?		
	Yes. Fill in the details.			
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
	within 1 year before you filed for bank court-appointed receiver, a custodian	rruptcy, was any of your property in the poss , or another official?	ession of an assignee for the ber	nefit of creditors, a
	■ No			
	☐ Yes			
Part	List Certain Gifts and Contributi	ons		
13.	_	nkruptcy, did you give any gifts with a total va	alue of more than \$600 per persor	1?
	No			
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$	5600 Describe the gifts	Dates you gave	Value
	per person	bescribe the girts	the gifts	value
	Person to Whom You Gave the Gift a	nd		
	Address:			
14.	Within 2 years before you filed for bar	nkruptcy, did you give any gifts or contributio	ons with a total value of more thar	n \$600 to any charity?
	■ No			
	\square Yes. Fill in the details for each gift of	or contribution.		
	Gifts or contributions to charities tha	t total Describe what you contributed	Dates you	Value
	more than \$600 Charity's Name		contributed	
	Address (Number, Street, City, State and ZIP C	Code)		
Part	6: List Certain Losses			
	Within 1 year before you filed for bank or gambling?	cruptcy or since you filed for bankruptcy, did	you lose anything because of the	eft, fire, other disaster,
	or gambing:			
	■ No			
	☐ Yes. Fill in the details.			
	Describe the property you lost and	Describe any insurance coverage for the	loco	Value of property
	how the loss occurred	Include the amount that insurance has paid. insurance claims on line 33 of Schedule A/B.		lost

Del	otor 1	Pamela Dawn Hyatt	C:	ase number (if known)	
Pai	rt 7:	List Certain Payments or Transfers				
16.	consu	n 1 year before you filed for bankruptcy, di ulted about seeking bankruptcy or prepari de any attorneys, bankruptcy petition preparer	ng a bankruptcy petition?			erty to anyone you
	_	No Yes. Fill in the details.				
	Addr Emai	on Who Was Paid ress il or website address on Who Made the Payment, if Not You	Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
	The 774 Suit	Rollins Law Firm, PLLC Avery Blvd. N te D geland, MS 39157	Attorney fee, filing fee and cred counseling	lit	2/27/2019 \$330 3/4/19 \$1470.00	\$1,800.00
17.	promi	n 1 year before you filed for bankruptcy, di ised to help you deal with your creditors of tinclude any payment or transfer that you list	r to make payments to your creditors		r transfer any prope	erty to anyone who
		Yes. Fill in the details.	Description and value of any prope	erty	Date payment	Amount of
	Addr	ress	transferred		or transfer was made	payment
18.	Includinclud	n 2 years before you filed for bankruptcy, of ferred in the ordinary course of your busing be both outright transfers and transfers made also gifts and transfers that you have already lis No Yes. Fill in the details.	ness or financial affairs? as security (such as the granting of a se			
	Pers	on Who Received Transfer	Description and value of		any property or	Date transfer was
	Addr		property transferred	payments paid in exc	received or debts change	made
	Paln	on's relationship to you ner Toyota oile, AL	2015 Toyota Sequoia	trade-in		6/2018
	Infin D'Ib	niti erville, MS	2018 Toyota Highlander	trade-in		9/2018
19.	benef	n 10 years before you filed for bankruptcy, ficiary? (These are often called asset-protect No Yes. Fill in the details.		elf-settled tru	st or similar device	of which you are a
	Nam	e of trust	Description and value of the proper	rty transferre	ed	Date Transfer was made
						muuo

Debtor 1	Pamela	Dawn	Hyatt
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Par	t 8: List of Certain Financial Accounts, Insti	ruments, Safe Deposit	Boxes, and Sto	orage Units			
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No						
	Yes. Fill in the details.						
		Last 4 digits of account number	Type of accou instrument	r	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, an	y safe depo	sit box or other deposite	ory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe th	e contents	Do you still have it?	
22.	Have you stored property in a storage unit or	place other than your	home within 1 y	year before	you filed for bankruptcy	?	
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access ode) to it? Address (Number, Street, City, State and ZIP Code) Describe the contents			e contents	Do you still have it?	
Par	t 9: Identify Property You Hold or Control fo	or Someone Else					
23.	Do you hold or control any property that som for someone.	eone else owns? Inclu	ıde any property	y you borro	wed from, are storing fo	r, or hold in trust	
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe th	e property	Value	
Par	t 10: Give Details About Environmental Infor	mation					
For	the purpose of Part 10, the following definition	ns apply:					
	Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surface	water, ground				
	Site means any location, facility, or property a to own, operate, or utilize it, including dispos	_	environmental la	aw, whether	you now own, operate,	or utilize it or used	
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, o		as a hazardous	waste, haza	rdous substance, toxic	substance,	
Rep	ort all notices, releases, and proceedings that	you know about, rega	rdless of when	they occurr	red.		
24.	Has any governmental unit notified you that y	ou may be liable or po	otentially liable (under or in	violation of an environm	ental law?	
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental uni Address (Number, St ZIP Code)			mental law, if you	Date of notice	

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Del	btor 1	Pamela Dawn Hyatt		Case number (if known)					
25.	Have	you notified any governmental unit o	f any release of hazardous material?						
		No							
		Yes. Fill in the details.							
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have	you been a party in any judicial or ad	Iministrative proceeding under any envi	onmental law? Include settlen	nents and orders.				
	_	No Yes. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Pai	rt 11:	Give Details About Your Business or	r Connections to Any Business						
27	\\/i+h		otcy, did you own a business or have an	y of the following connections	to any husiness?				
21.		_	in a trade, profession, or other activity,	,	to any business?				
		_		-					
		A member of a limited liability company (LLC) or limited liability partnership (LLP)							
		☐ A partner in a partnership							
		☐ An officer, director, or managing executive of a corporation							
		☐ An owner of at least 5% of the voting or equity securities of a corporation							
		No. None of the above applies. Go to Part 12.							
		Yes. Check all that apply above and fill in the details below for each business.							
		iness Name ress	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.					
		ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed	ourney manness or remain				
28.		in 2 years before you filed for bankrup autions, creditors, or other parties.	otcy, did you give a financial statement t	o anyone about your business	? Include all financial				
		No							
		Yes. Fill in the details below.							
	Nam Add	ne ress	Date Issued						
	(Num	ber, Street, City, State and ZIP Code)							
Pai	rt 12:	Sign Below							
are with 18 U	true a n a baı J.S.C.	nd correct. I understand that making a	inancial Affairs and any attachments, an a false statement, concealing property, c o \$250,000, or imprisonment for up to 20	or obtaining money or property					
Pa	mela	Dawn Hyatt	Signature of Debtor 2						
Sig	natur	e of Debtor 1							
Da	te M	arch 8, 2019	Date						
Did ■ N	-	ttach additional pages to Your Statem	nent of Financial Affairs for Individuals F	iling for Bankruptcy (Official F	orm 107)?				
Did ■ N		ay or agree to pay someone who is no	ot an attorney to help you fill out bankru	ptcy forms?					
		ame of Person Attach the Bankr	ruptcy Petition Preparer's Notice, Declaration	n, and Signature (Official Form 1	19).				
	ial Forr		ment of Financial Affairs for Individuals Filing		page :				

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Debtor 1	Pamela Dawn Hyatt	Case number (if known)	

Debtor 1	Pamela Dawn Hy			
	First Name	Middle Name	Last Name	_
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	_
United States Bar	nkruptcy Court for the:	SOUTHERN DIS	TRICT OF MISSISSIPPI	
	mapley Court for the.			_
Case number				☐ Check if this is an amended filing
Official Fo	rm 108			
Statemen	nt of Intentio	n for Indiv	iduals Filing Under Cha	pter 7 12/15
				•
•	vidual filing under cha		l out this form if:	
_	claims secured by yo ed personal property a		ot expired	
You must file this	s form with the court w ver is earlier, unless th	ithin 30 days after	you file your bankruptcy petition or by the da e time for cause. You must also send copies	
	ople are filing together d date the form.	r in a joint case, bo	th are equally responsible for supplying corr	ect information. Both debtors must
Be as complete a	and accurate as possib	le. If more space is	s needed, attach a separate sheet to this form	a. On the top of any additional pages,
write yo	our name and case nur	nber (if known).	·	, , ,
Part 1: List Yo	our Creditors Who Hav	e Secured Claims		
1. For any credito information be		art 1 of Schedule D	: Creditors Who Have Claims Secured by Pro	operty (Official Form 106D), fill in the
Identify the cre	editor and the property t	hat is collateral	What do you intend to do with the property secures a debt?	y that Did you claim the property as exempt on Schedule C?
				ac oxompton concaute o
Creditor's 1s	st Heritage		☐ Surrender the property.	□ No
name:	or Hornago		☐ Retain the property and redeem it.	L No
Description of	Household Goods		Retain the property and enter into a	Yes
property	riouscrioia cooas		Reaffirmation Agreement. Retain the property and [explain]:	
securing debt:			avoid lien using 11 U.S.C. § 522(f)	
Creditor's In	finity Financial Ser		☐ Surrender the property.	□No
name:			Retain the property and redeem it.	- v
Description of	2018 Infiniti QX80	6000 miles	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property			☐ Retain the property and [explain]:	
securing debt:				
	ariner Finance		☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.☐ Retain the property and enter into a	■ Yes
Description of	Household Goods		Reaffirmation Agreement.	. 55
property			■ Retain the property and [explain]:	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1 Pamela Dawn Hyatt	Case number (if kr	nown)
securing debt:	avoid lien using 11 U.S.C. § 522(f)	
Creditor's Republic Finance name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□No
Description of Household Goods	☐ Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property securing debt:	■ Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f)	
Creditor's SLS Servicing name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property 9176 Hwy 613 Lucedale, MS 39452 George County	Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]:	■ Yes
securing debt:	Tretain the property and [explain].	
Creditor's Tower Loan name:	☐ Surrender the property.	□ No
Description of Household Goods	 Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. 	■ Yes
property securing debt:	Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f)	
Part 2: List Your Unexpired Personal Property Lease For any unexpired personal property lease that you list in the information below. Do not list real estate leases. You may assume an unexpired personal property lease	ted in Schedule G: Executory Contracts and Unex Unexpired leases are leases that are still in effect	t; the lease period has not yet ended. (p)(2).
Describe your unexpired personal property leases		Will the lease be assumed?
Lessor's name: Progressive Leasing		■ No
		☐ Yes
Description of leased Property:		
Part 3: Sign Below		
Under penalty of perjury, I declare that I have indicated property that is subject to an unexpired lease.	I my intention about any property of my estate tha	nt secures a debt and any personal
X /s/ Pamela Dawn Hyatt	X	
Pamela Dawn Hyatt Signature of Debtor 1	Signature of Debtor 2	
Date March 8, 2019	Date	

Official Form 108

Fill in	this information to identify your case:				e box only as d	rected	in this form and	in Form
Debto	Pamela Dawn Hyatt		12	2A-1Sı	ibb:			
Debto (Spouse	or 2 e, if filing)			□ 1. T	here is no presi	umptior	of abuse	
United	d States Bankruptcy Court for the: Southern District of	of Mississippi		á	applies will be m	nade un	ider <i>Chapter 7</i> i	mption of abuse Means Test
Case (if know	number				<i>Calculation</i> (Offi The Means Test		,	and of
	<u> </u>				qualified military		117	
				☐ Ch	eck if this is a	n ame	nded filing	
Offi	<u>cial Form 122A - 1</u>							
Cha	apter 7 Statement of Your Cur	rent Moi	nthly Inc	om	е			12/15
attach case n	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wumber (if known). If you believe that you are exempted froing military service, complete and file Statement of Exempter Calculate Your Current Monthly Income	hich the addition m a presumption	nal information a of abuse becau	applies	On the top of ar	y addit	ional pages, writ onsumer debts o	te your name and or because of
1. \	What is your marital and filing status? Check one or	nly.						
[☐ Not married . Fill out Column A, lines 2-11.							
I	☐ Married and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.				
ı	Married and your spouse is NOT filing with you.	You and your s	spouse are:					
	■ Living in the same household and are not lega	Illy separated.	Fill out both Co	olumns	A and B, lines 2	2-11.		
	Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	egally separated	d under nonbar	nkruptc	y law that applie	s or th		
101 the	in the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total uses own the same rental property, put the income from that p	onth period would by 6. Fill in the re	be March 1 thro sult. Do not inclu	ugh Aug de any i	gust 31. If the amo	unt of your	our monthly incom once. For examp	ne varied during ble, if both
				Colur Debte			nn B or 2 or filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commission	ons (before all	\$	3,129.51	\$	3,458.33	
	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	0.00	
f a	All amounts from any source which are regularly part you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3.	. Include regular I, your depende	r contributions nts, parents,	\$	0.00	\$	0.00	
5. I	Net income from operating a business, profession,		44					
,	Cross respirits (hafare all deductions)	\$ 0.00	otor 1					
	Gross receipts (before all deductions) Ordinary and necessary operating expenses	-\$ 0.00						
	Net monthly income from a business, profession, or far	m \$ 0.00	Copy here ->	\$	0.00	\$	0.00	
6. I	Net income from rental and other real property							
			otor 1					
	Gross receipts (before all deductions)	\$ 0.00 -\$ 0.00						
	Ordinary and necessary operating expenses Net monthly income from rental or other real property	·	Copy here ->	· \$	0.00	\$	0.00	
	nterest, dividends, and royalties	Ψ	2-1-7 2	\$	0.00	\$	0.00	
	i, airiaoilao, ullu lojuilloj							

Official Form 122A-1

						Column A Debtor 1		Column B Debtor 2 o		
8.	Unem	ployr	nent compensation			\$	0.00	\$	0.00	
			r the amount if you contend that the amount ecurity Act. Instead, list it here:	received was a benef	it under					
	For	you	\$	0.0	00					
			spouse\$		00					
9.	Pensi	ion or	retirement income. Do not include any amer the Social Security Act.	nount received that was	s a	\$	0.00	\$	0.00	
10.	Do no receiv	t inclured as stic te	m all other sources not listed above. Spe de any benefits received under the Social S a victim of a war crime, a crime against hur rrorism. If necessary, list other sources on a	Security Act or paymen manity, or international	ts or					
						\$	0.00	\$	0.00	
						\$	0.00	\$	0.00	
		To	tal amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.			our total current monthly income. Add linn. Then add the total for Column A to the to		\$	3,129.51	+ \$	3,458.33	= \$	6,587.84
Part	2:	Dete	rmine Whether the Means Test Applies t	o You					Total incom	current monthly le
12.	Calcu	ılate v	our current monthly income for the year.	Follow these steps:						
		_	your total current monthly income from line 1	·		Сор	y line 11	here=>	\$	6,587.84
	N	Multipl	y by 12 (the number of months in a year)						X	
	12b. T	The re	sult is your annual income for this part of the	e form				121	b. \$	79,054.08
13.	Calcu	ılate t	he median family income that applies to	you. Follow these step	os:					
	Fill in	the st	ate in which you live.	MS						
	Fill in	the nu	ımber of people in your household.	3						
	To find	d a lis	edian family income for your state and size t of applicable median income amounts, go . This list may also be available at the bank	online using the link sp	pecified	in the separ	ate instru	tions 13.	\$	55,217.00
14.	How o	do the	e lines compare?							
	14a.		Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of page 1, ch	eck box	1, There is	no presur	mption of abu	se.	
	14b.		Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pre	esumption o	f abuse is	determined b	y Form 1	22A-2.
Part	3:	Sign	Below							
	Е	By sign	ning here, I declare under penalty of perjury	that the information or	n this sta	atement and	in any att	achments is t	rue and c	orrect.
	X		Pamela Dawn Hyatt							
	_	Sigr	nela Dawn Hyatt nature of Debtor 1							
	Date		ch 8, 2019 / DD / YYYY							
	14		ר טט / דדדד checked line 14a, do NOT fill out or file Forn	n 122A-2						
		•	checked line 14b, fill out Form 122A-2 and fi							
	- 11	. you t	shooked into 1-b, in out I offit 122/12 and 1	no it with this follow.						

Pamela Dawn Hyatt

Debtor 1 Pamela D	wn Hyatt	Case number (if known)	
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Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2018 to 02/28/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Income by Month:

6 Months Ago:	09/2018	\$2,301.33
5 Months Ago:	10/2018	\$2,080.25
4 Months Ago:	11/2018	\$3,401.47
3 Months Ago:	12/2018	\$4,816.66
2 Months Ago:	01/2019	\$3,567.34
Last Month:	02/2019	\$2,610.01
	Average per month:	\$3,129.51

Non-CMI - Social Security Act Income Source of Income: SSI - Grandson

Constant income of \$803.00 per month.

Debtor 1 Pamela Dawn Hyatt Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 09/01/2018 to 02/28/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$29,050.00}{\$43,160.00}\$ from check dated \$\frac{8/31/2018}{12/31/2018}\$.

This Year:

Current Year-to-Date Income: \$6,640.00 from check dated 2/28/2019.

Income for six-month period (Current+(Ending-Starting)): **\$20,750.00**.

Average Monthly Income: **\$3,458.33**.

Fill in this information to identify your case:	Check the appropriate box as directe
Debtor 1 Pamela Dawn Hyatt	lines 40 or 42: According to the calculations required by
Debtor 2 (Spouse, if filing)	Statement:
United States Bankruptcy Court for the: Southern District of Mississippi	■ 1. There is no presumption of abuse
Case number(if known)	☐ 2. There is a presumption of abuse.
0.00	☐ Check if this is an amended filing
Official Form 122A - 2	

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Pai	t 1: Determine Your Adjusted Income					
1.	Copy your total current monthly income.	Copy line 11 from	Official Form 122	A-1 here=>	\$	6,587.84
2.	Did you fill out Column B in Part 1 of Form 122A-1? ☐ No. Fill in \$0 for the total on line 3. ☐ Yes. Is your spouse Filing with you? ☐ No. Go to line 3. ☐ Yes. Fill in \$0 the total on line 3.					
3.	Adjust your current monthly income by subtracting any household expenses of you or your dependents. Follow On line 11, Column B of Form 122A–1, was any amount of texpenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below:	these steps:			ed for the I	nousehold
	State each purpose for which the income was use For example, the income is used to pay your spouse's support other than you or your dependents. NFS Pay Deductions	s tax debt or to \$ \$ \$ \$		om		
4.	Total. Adjust your current monthly income. Subtract line 3 from		539.50	Copy total here	=> \$ <u></u>	539.50 6,048.34

Official Form 122A-2

Debtor 1	Pamela Dawn	Hyatt		Case number (if	known)	
Part 2	Calculate You	r Deductions from Your Income				
to a	answer the question tructions for this for	ervice (IRS) issues National and L s in lines 6-15. To find the IRS star m. This information may also be a punts set out in lines 6-15 regardless	ndards, go online vailable at the ban	using the link specific kruptcy clerk's office	ed in the separate a.	
you	ır actual expenses if tl	ney are higher than the standards. Do not deduct any operating expenses the	o not deduct any ar	nounts that you subtrac	cted fro your spouse's	
	·	om month to month, enter the average from refers to <i>you</i> , it means both yo	,	if Column B of Form 1	22Δ-1 is filled in	
5.	·	ople used in determining your ded			ZZA 1 13 IIIIGU III.	
J.	Fill in the number of plus the number of	people who could be claimed as ex any additional dependents whom you le in your household.	emptions on your fe	deral income tax returr		
Nat	tional Standards	You must use the IRS Nationa	l Standards to answ	er the questions in line	es 6-7.	
6.		d other items: Using the number of dollar amount for food, clothing, and		in line 5 and the IRS N	National \$	1,384.00
7.	the dollar amount for people who are 65	Ith care allowance: Using the number out-of-pocket health care. The number olderbecause older people have amount, you may deduct the addition	nber of people is spl a higher IRS allowa	it into two categories ince for health care cos	people who are under 65 and	d
Ped	ople who are under (65 years of age				
	7a. Out-of-pocket	health care allowance per person	\$52			
	7b. Number of peo	ple who are under 65	X3			
	7c. Subtotal. Mult	iply line 7a by line 7b.	\$156.00	Copy here=:	> \$156.00	
Ped	ople who are 65 year	s of age or older				
	7d. Out-of-pocket	health care allowance per person	\$114			
	7e. Number of peo	ple who are 65 or older	X0			
	7f. Subtotal. Mult	iply line 7d by line 7e.	\$	Copy here=	> +\$0.00	
	7g. T otal. Add line	7c and line 7f		\$156.00_	Copy total here=>	156.00

Local Standards	You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. <code>'</code>	Trustee Program has divided	d the IRS Local Standard f	ior housing for
pankruptcy purposes into two parts:	_		

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

Housing and utilities - Mortgage or rent expenses:

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment			
SLS Servicing	\$	1,998.19		

9c. Net mortgage or rent expense.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

■ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

13.	You	may		the expe						ds, calculate the							
Ve	hicle	:1	Describe	Vehicle	∍ 1:	2018 In	finiti QX	80 6000	miles								
13a.	Own	nersh	ip or leasir	ng costs	using	IRS Loc	al Standa	ırd				\$	497	7.00			
13b.		-	monthly pa	•			cured by '	Vehicle 1.									
	are o	contra		ie to eac	h sec					all amounts tha ou filed for	at						
		Nan	ne of each	credito	r for	Vehicle '	ſ		Averaç payme	ge monthly nt							
		Infi	nity Fina	ncial S	er				\$	1,574.68							
				To	otal Av	verage M	onthly Pa	ayment	\$	1,574.68	Co her	py re =>	-\$	1,574	Repeat t amount of line 33b.		
13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0)		\$	O	0.00	Copy net Vehicle 1 expense here => \$		0.00					
Ve	hicle	2	Describe	• Vehicle	2 :												
13d.	Own	nersh	ip or leasir	ng costs	using	IRS Loc	al Standa	ırd				\$	0	0.00			
13e.			monthly pa	ayment f	or all	debts sed	cured by '	Vehicle 2.	Do not i	nclude costs fo	or						
		Nan	ne of each	credito	or for	Vehicle 2	2		Averag payme	ge monthly nt							
									\$								
				To	otal Av	verage M	onthly Pa	ayment	\$		Co her =>			0.0	Repeat this amount on I 33c.	ine	
13f.			cle 2 owne line 13e fro	•		•		s than \$0	, enter \$0)		\$	O	0.00	Copy net Vehicle 2 expense here => \$		0.00
14.										using the IRS I lic transportation		Standa	ards, fill	in the	- Public	\$	0.00
15.	also	dedu		c transpo	ortatio	n expens	e, you m	ay fill in w	hat you b	vehicles in line pelieve is the a						\$	0.00

Pamela Dawn Hyatt

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes. self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 250.36 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than 31.50 term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. **Education:** The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 2,610.86 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.

Pamela Dawn Hyatt

Add	ditional Expense Deductions These are additional deduct	tions allowed by the	e Means Test.				
	Note: Do not include any ex	pense allowances	listed in lines 6-24.				
25.	5. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.						
	Health insurance \$	650.26					
	Disability insurance \$	0.00					
	Health savings account + \$ _	0.00					
	Total \$_	650.26	Copy total here=>	\$	650.26		
	Do you actually spend this total amount?						
	☐ No. How much do you actually spend?						
	■ Yes \$_						
26.	6. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b).						
27.	27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.						
	By law, the court must keep the nature of these expenses confidential.						
28.	Additional home energy costs. Your home energy costs are line 8.	e included in your	insurance and operating expenses on				
	If you believe that you have home energy costs that are more 8, then fill in the excess amount of home energy costs.	e than the home en	ergy costs included in expenses on line				
	You must give your case trustee documentation of your actual amount claimed is reasonable and necessary.	al expenses, and y	ou must show that the additional	\$	0.00		
29.	Education expenses for dependent children who are you \$160.42* per child) that you pay for your dependent children you public elementary or secondary school.						
	You must give your case trustee documentation of your actual claimed is reasonable and necessary and not already account						
	* Subject to adjustment on 4/01/19, and every 3 years after th	nat for cases begur	on or after the date of adjustment.	\$	0.00		
30.	30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.						
	To find a chart showing the maximum additional allowance, g instructions for this form. This chart may also be available at t		•				
	You must show that the additional amount claimed is reasonal	able and necessary	<i>1</i> .	\$	0.00		
31.	Continuing charitable contributions. The amount that you instruments to a religious or charitable organization. 26 U.S.C.		ntribute in the form of cash or financial	+\$	0.00		
32.	Add all of the additional expense deductions. Add lines 25 through 31.			\$	650.26		

Pamela Dawn Hyatt

Dedu	actions for Debt Payment						
	or debts that are secured by an inte	rest in property that you own, including ho	me mo	rtgages, vehicle	•		
Т		payment, add all amounts that are contractual	y due to	each secured			
O.	Mortgages on your home:	or bankruptey. Their divide by ee.					rage monthly
33a.	Copy line 9b here				=>	\$	1,998.19
	Loans on your first two vehicles:					· —	1,000110
3b.	•				=>	\$	1,574.68
3c.						\$	0.00
33d.	List other secured debts:					_	
Name	of each creditor for other secured debt	Identify property that secures the debt		Does paym include tax insurance?	es or		
				□ No			
	-NONE-			□ Yes	i	\$	
						Ψ_	
				□ No			
				D Yes	i	\$	
				□ No			
				☐ Yes		+\$	
						Ψ_	
						ору	
3e.	Total average monthly payment. Add	lines 33a through 33d	. \$_	3,572.8	7 to	tal ere=>	\$ 3,572.87
0	r other property necessary for your No. Go to line 35. Yes. State any amount that you mu	3 secured by your primary residence, a ve support or the support of your dependents ust pay to a creditor, in addition to the payment ession of your property (called the cure amount information below.	s?				
Nam	ne of the creditor	Identify property that secures the debt		Total cure amount			Monthly cure amount
-NC	DNE-			\$	÷ 60	= \$	
						• -	
		т	otal \$	0.0	to	opy tal	\$ 0 .
		·	Otal ψ		n	ere=>	Ψ .
		as a priority tax, child support, or alimony our bankruptcy case? 11 U.S.C. § 507.	- that				
٠.	No. Go to line 36.						
	Yes. Fill in the total amount of all or ongoing priority claims, such a	f these priority claims. Do not include current as those you listed in line 19.	or				

Pamela Dawn Hyatt

Debtor 1	Pamel	a Dawn Hyatt		Case no	umber (<i>if known</i>)			
F	or more in	igible to file a case under Chapter 13? 11 U.S.C. § 10 Information, go online using the link for Bankruptcy Basic for this form. Bankruptcy Basics may also be available	cs specified i					
ı	■ No. G	Go to line 37.						
		ill in the following information.						
	F	Projected monthly plan payment if you were filing under	Chapter 13	\$				
	A a	Current multiplier for your district as stated on the list iss administrative Office of the United States Courts (for disund North Carolina) or by the Executive Office for United for all other districts).	stricts in Alab					
	th	To find a list of district multipliers that includes your distrible he link specified in the separate instructions for this forme available at the bankruptcy clerk's office.				Сор	y total	
	Д	Average monthly administrative expense if you were filin	ng under Cha	apter 13	\$	here	=> \$	
		f the deductions for debt payment. 33e through 36.					\$3,7	713.59
Tota	l Deduction	ons from Income						
38. /	Add all of t	the allowed deductions.						
		24, All of the expenses allowed under IRS allowances	\$	2,610.86				
	Copy line	32, All of the additional expense deductions	\$	650.26				
	Copy line	37, All of the deductions for debt payment	+\$	3,713.59	_			
		Total deductions	\$	6,974.71	Copy total	here=	> \$	6,974.71
Part 3:	Deter	mine Whether There is a Presumption of Abuse			_			
39. C	Calculate r	monthly disposable income for 60 months						
	39a. Copy	line 4, adjusted current monthly income	\$	6,048.34				
		line 38, Total deductions	- \$	6,974.71				
	39c. Mont	thly disposable income. 11 U.S.C. § 707(b)(2). ract line 39b from line 39a	\$	-926.37	Copy here=>\$		-926.37	
	For the ne	ext 60 months (5 years)				x 60		
	39d. Tota	I. Multiply line 39c by 60		\$ -55	5,582.20	Copy here=>	\$	582.20
40. F	ind out w	hether there is a presumption of abuse. Check the b	oox that appl	es:		J		
	The line	e 39d is less than \$7,700*. On the top of page 1 of this	s form, chec	k box 1, There	is no presui	mption of ab	ouse. Go to Part	5.
[☐ The line	e 39d is more than \$12,850*. On the top of page 1 of the foundation of the foundatio		•	•	•		
		·	* 0- 1- "	4.4				
		e 39d is at least \$7,700*, but not more than \$12,850*			data of ==!	otm c n t		
•	Subject to	adjustment on 4/01/19, and every 3 years after that for	cases filed (on or after the	uate of adju	sıment.		

Debtor 1	Pam	ela Dawn Hyatt	Case	e number (if known)		
		<u> </u>				
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled of A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	out 41a.	\$x .25]	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)	٠,	\$	Copy here=>	\$
		Multiply line 41a by 0.25				
25	% of y	ne whether the income you have left over after subtracting all allowed de our unsecured, nonpriority debt. e box that applies:	duc	ctions is enough to pa	у	
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> Part 5.	ere i	is no presumption of ab	use.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. T				
Part 4:	Giv	ve Details About Special Circumstances				
		we any special circumstances that justify additional expenses or adjustmental ealternative? 11 U.S.C. § $707(b)(2)(B)$.	ents	s of current monthly i	ncome fo	or which there is no
■ N	o. Go	o to Part 5.				
□ Y		I in the following information. All figures should reflect your average monthly e m. You may include expenses you listed in line 25.	xper	nse or income adjustme	ent for ea	ach
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.				
	G			erage monthly expens ncome adjustment	е	
	_		\$			
	_		\$			
	_		\$			
			\$			
Part 5:	Sig	ın Below				
	By sig	gning here, I declare under penalty of perjury that the information on this state	mer	nt and in any attachmer	nts is true	and correct.
		Pamela Dawn Hyatt				
		amela Dawn Hyatt gnature of Debtor 1				
Da	te Ma	arch 8, 2019				
	MN	M/DD/YYYY				

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_fo

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Mississippi

T	Pomolo Down Hyott	ici ii District of Wississip	Case N		
In r	Pamela Dawn Hyatt	Debtor(s)	Chapter		
	DISCLOSURE OF COMPE	NCATION OF ATTO	DNEV EAD I	NEBTOD(S)	
				` ,	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy	, or agreed to be pa	aid to me, for service	that es rendered or to
	For legal services, I have agreed to accept		\$	1,445.00	
	Prior to the filing of this statement I have received.		\$	1,445.00	
	Balance Due		\$	0.00	
2.	\$_335.00 of the filing fee has been paid.				
3. ′	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. ′	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.				
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national copy of the agreement.				ny law firm. A
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
	 a. Analysis of the debtor's financial situation, and rendebtor. b. Preparation and filing of any petition, schedules, stated. c. Representation of the debtor at the meeting of credited. d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on home. 	tement of affairs and plan which ors and confirmation hearing, a reduce to market value; ex- ons as needed; preparation	n may be required; and any adjourned lemption plannir	nearings thereof;	nd filing of
7.	By agreement with the debtor(s), the above-disclosed fee does not include the following service:				
	Representation of the debtors in any dis any other adversary proceeding.	schargeability actions, judi	cial lien avoida	nces, relief from s	stay actions or
		CERTIFICATION			
	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	y agreement or arrangement for	payment to me for	or representation of the	ne debtor(s) in
r	March 8, 2019	/s/ Thomas C. Ro	Ilins, Jr.		
	Date	Thomas C. Rollin	ıs, Jr. 103469		
		Signature of Attorne The Rollins Law			
		774 Avery Blvd N	1		
		Ridgeland, MS 39 601-500-5533 Fa		.	
		trollins@therollin		•	
		Name of law firm			